

2003-2004 ANNUAL REPORT

Medical Board of California

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Executive Summary

The California budget crisis has affected the operations of state agencies, and the Medical Board is no exception. In the last three years, the board has lost 19 investigator positions, and 24 support-staff positions. The board has had to eliminate some programs, and prioritize and streamline others (see Division of Medical Quality summary, p. iv). In addition, the board has consolidated some of its activities and prioritized enforcement functions per SB 1950 (Figueroa, Statutes of 2002). At the same time, board members and staff have maintained their focus on public protection, and remain confident that this mandate is still being met.

Medical Marijuana

After months of meetings with Medical Board staff, counsel from the Attorney General's Office, and other interested parties, the board at its May 2004 meeting voted unanimously to adopt a statement on physicians and medical marijuana. The statement incorporates and expands upon an initial article on the same topic published by the board in its newsletter in 1997, right after the passage of Proposition

215, known as the Compassionate Use Act. The updated statement again seeks to reassure physicians that, notwithstanding the possibility of a federal action against them, if they "use the same care in recommending medical marijuana to patients as they would recommending or approving any other medication, they have nothing to fear from the Medical Board." (See *Action Report*, July 2004.)

Physician Recognition Program

This new program was established by the board in 2003 to recognize excellence in service by California physicians. Nominations were solicited, received and reviewed last year, and the first awards were conferred in January and May 2004. One award was given to an individual physician, and one to a group of physicians (see October 2004 *Action Report*, p. 6).

The members of the Medical Board are proud of the daily contributions of California physicians, as well as the extraordinary work brought to the attention of the board through nominations for this award. This state is

renowned for having some of the more eminent physicians in the nation and the world. Nominations are again being solicited, with the intent to make the conferring of this award an annual event.

California Physician Corps Loan Repayment Program — Update

The California Physician Corps Loan Repayment Program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of their student loans (up to \$105,000) in exchange for their service in a designated medically underserved area for a minimum of three years.

This year, the board received applications from 80 physicians, representing a cumulative request of almost \$10 million in loan repayments. There was significant diversity in the applicants' cultural background, the languages they speak, and the geographic locations of the practice settings. About \$1.6 million was available for distribution and awards were made to 19 awardees working in 25 practice settings around the state.

CURRENT PHYSICIAN AND SURGEON LICENSES BY COUNTY

Alameda	3,965	Inyo	47	Monterey	854	San Luis Obispo	741	Trinity	11
Alpine	0	Kern	978	Napa	454	San Mateo	2,436	Tulare	480
Amador	61	Kings	126	Nevada	264	Santa Barbara	1,157	Tuolumne	126
Butte	463	Lake	84	Orange	8,325	Santa Clara	5,903	Ventura	1,671
Calaveras	50	Lassen	50	Placer	817	Santa Cruz	636	Yolo	528
Colusa	13	Los Angeles	25,945	Plumas	33	Shasta	488	Yuba	62
Contra Costa	2,679	Madera	151	Riverside	2,468	Sierra	1	California Total 91,049	
Del Norte	61	Marin	1,487	Sacramento	3,686	Siskiyou	82		
El Dorado	276	Mariposa	12	San Benito	43	Solano	745	Out of State Total 26,757	
Fresno	1,656	Mendocino	220	San Bernardino	3,125	Sonoma	1,336		
Glenn	8	Merced	230	San Diego	8,534	Stanislaus	801	Current Licenses 117,806	
Humboldt	305	Modoc	6	San Francisco	5,065	Sutter	189		
Imperial	126	Mono	26	San Joaquin	902	Tehama	61		

THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

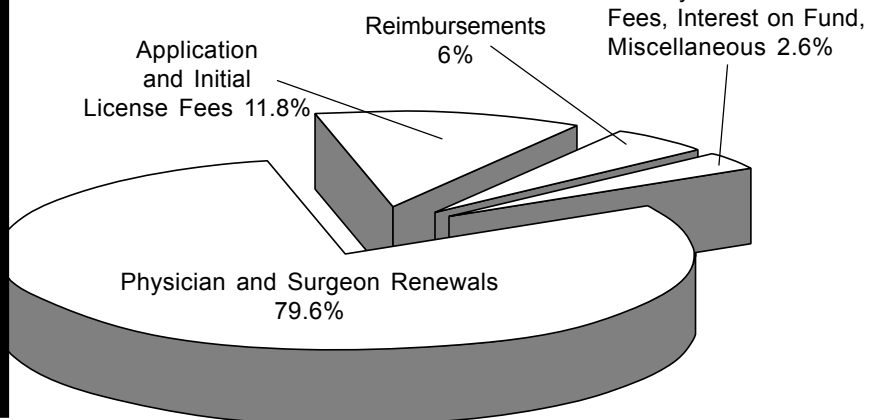
The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

MEDICAL BOARD OF CALIFORNIA

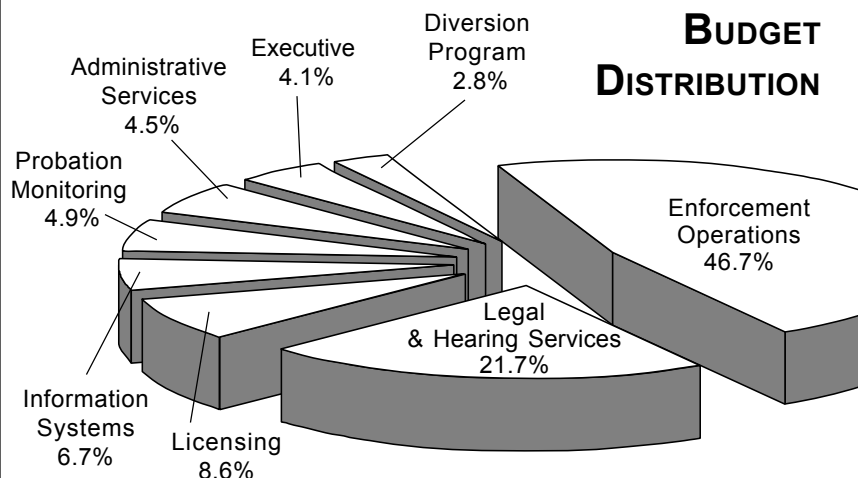
2003-2004 FISCAL YEAR

Physician & Surgeon Renewals	\$31,002,000
Application and Initial License Fees	\$4,589,000
Reimbursements	\$2,326,000
Other Regulatory Fees, Delinquency/Penalty/Reinstatement Fees, Interest on Fund, Miscellaneous	\$1,005,000
Total Receipts	\$38,922,000

REVENUES & REIMBURSEMENTS



BUDGET DISTRIBUTION



Enforcement Operations	\$17,963,000
Legal & Hearing Services	8,342,000
Licensing	3,322,000
Information Systems	2,572,000
Probation	1,895,000
Administrative Services	1,742,000
Executive	1,577,000
Diversion Program	1,057,000
Total	\$38,470,000

DIVISION OF LICENSING

The Medical Board of California's Division of Licensing continues to promote public protection of healthcare consumers through the proper licensing of physicians and surgeons and affiliated healing arts professionals.

During this last year, the Division of Licensing issued 5,008 new licenses and renewed over 58,000 licenses. The physicians' and surgeons' licensee population in California increased to 117,806. The Division of Licensing also licensed or registered 397 affiliated healing arts professionals.

The tireless efforts of a dedicated workforce allowed the Division of Licensing to meet its mission within the mandated time frames for processing applications and responding to mail and telephone inquiries from consumers and licensees. During the past fiscal year, the otherwise routine tasks presented programmatic challenges and required monumental efforts due to the limited resources amid statutory change.

Activities to implement SB 1077 (Chapter 607, Statutes of 2003) began mid-fiscal year, to ensure the enactment of law on July 1, 2004. SB 1077 states that physicians who hold a retired license may no longer engage in the practice of medicine. However, the

physician who holds a retired license will continue to be exempt from payment of the renewal fee and continuing medical education requirements.

The Division of Licensing adopted Section 1314.1, Title 16, California Code of Regulations, to outline the standards and methodology used to review the curriculums of international medical schools to determine their compliance with sections 2089 and 2089.5 of the Business and Professions Code. During fiscal year 2003-04, the division assembled teams to conduct site inspections of Saba University and St. Matthew's University, both in the Caribbean. Site inspections began in mid-May with St. Matthew's satellite campus in Windham, Maine, extended to Saba University's basic sciences campus in the Caribbean, back to the states with a visit to four hospitals in Chicago where both Saba and St. Matthew's students complete some third- and fourth-year clinical training, ending with an inspection of St. Matthew's basic sciences campus on Grand Cayman Island. The teams are expected to present their findings and recommendations to approve or disapprove these schools to the Division of Licensing at board meetings in the near future.

DIVISION OF LICENSING ACTIVITY

	FY 02-03	FY 03-04		FY 02-03	FY 03-04
PHYSICIAN LICENSES ISSUED			SPECIAL FACULTY PERMITS		
FLEX/USMLE ¹	4,158	4,177	Permits issued	1	1
NBME ¹	478	388	License exemptions renewed	3	2
Reciprocity with other states	357	443	Total active exemption	6	7
Total new licenses issued	4,993	5,008	LICENSING ENFORCEMENT ACTIVITY		
Renewal licenses issued—with fee	49,647	51,670	Probationary license granted	10	11
Renewal licenses—fee exempt ²	4,756	6,708	License denied (no hearing requested)	2	2
Total licenses renewed	54,403	58,378	Statement of Issues to deny license filed	3	7
PHYSICIAN LICENSES IN EFFECT			Decisions:		
California address	89,025	91,049	License denial upheld	2	2
Out-of-state address	26,329	26,757	License granted	4	2
Total	115,354	117,806	Statement of Issues withdrawn	1	2
FICTITIOUS NAME PERMITS			¹ FLEX = Federation Licensing Exam USMLE = United States Medical Licensing Exam NBME = National Board Medical Exam		
Issued ³	930	1,180	² Includes physicians with disabled, retired, military, or voluntary service license status.		
Renewed ⁴	3,508	3,771	³ Includes Medical Board of California and Board of Podiatric Medicine.		
Total number of permits in effect ⁴	8,910	9,829	⁴ Medical Board of California only.		

VERIFICATION & REPORTING ACTIVITY SUMMARY

	FY 02-03	FY 03-04		FY 02-03	FY 03-04
Telephone verifications ¹	77,925	47,642	Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	374	432
Non-verification telephone calls	53,571	52,179	Adverse Actions reported to the NPDB ⁴	526 ⁵	545 ⁶
Authorized LVS ² Internet users	1,003	1,079	B&P Code §805 reports of health facility discipline received	173 ⁷	159 ⁸
Online LVS access verifications	708,344	799,990			
Web license look-up ³	n/a	5,015,335			
Certification Letters and Letters of Good Standing	5,879	5,665			

AFFILIATED HEALING ARTS

2003–2004 Licenses

	ISSUED	CURRENT
Licensed Midwife	25	148
Dispensing Optician	80	1,099
Contact Lens Dispenser	63	472
Non-Resident Contact Lens Seller	1	9
Spectacle Lens Dispenser	223	1,893
Research Psychoanalyst	5	73
Accrediting Agencies for		
Outpatient Settings	0	4
Podiatrist	76	2,082

¹ Decrease in the number of telephone calls is due to the availability of the Web license look-up and to the higher volume of contacts via e-mail.

² LVS = Licensing Verification System

³ New Reporting Category. Includes individual requests for written verifications received by the board.

⁴ NPDB = National Practitioner Data Bank

⁵ Includes 498 MDs, 14 podiatrists, and 14 physician assistants.

⁶ Includes 511 MDs, 9 podiatrists, and 25 physician assistants.

⁷ Includes 162 MDs, 5 podiatrists, 5 psychologists and 1 physician assistant.

⁸ Includes 157 MDs and 2 podiatrists.

DIVERSION PROGRAM

The Diversion Program is a statewide, five-year monitoring and rehabilitation program. It is administered by the Medical Board of California to support and monitor the recovery of physicians who have substance abuse or mental health disorders.

The Diversion Program was created by statute in 1980 as a cost-effective alternative to discipline by the Medical Board. Diversion promotes public safety by encouraging physicians to seek early assistance for substance-abuse and mental-health disorders to avoid jeopardizing patient safety.

Physicians enter the Diversion Program by one of three avenues. First, physicians may self-refer. This is often the result of encouragement by concerned colleagues or family members for the physician to seek help. Second, physicians may be referred by the Enforcement Unit in lieu of pursuing disciplinary action. Finally, physicians may be directed to participate by the board as part of a disciplinary order.

During FY 03-04, 53 physicians were accepted into the program by the Diversion Evaluation Committee, signed a formal Diversion Agreement and entered the program. Of those, 37 physicians had no open cases with the board, 13 physicians were diverted from discipline, and an additional three physicians entered as a result of disciplinary orders.

Activity ¹	FY 02-03 FY 03-04		Type of Impairment ¹	FY 03-04 %	
Beginning of fiscal year	269	262			
Prior year adjustments ²	3	3	Alcohol	49	19
Accepted into program	47	53			
Completions:			Alcohol		
Successful	38	37	& mental illness	30	12
Unsuccessful	10	22	Other drugs	70	27
Deceased ³	3	1	Other drugs		
Active at end of year	262	258	& mental illness	40	15
Other Activity					
Applicants ⁴	43	29	Alcohol & other drugs	39	15
Other Applicants ⁵	28	30	Alcohol & other drugs		
Out-of-state-monitored			& mental illness	25	10
California licentiates	15	17			
Completions:			Mental illness	5	2
Successful	0	0	Total	258	100%
Unsuccessful	0	0			
Total monitored at end of FY 03-04		304	<i>counted or categorized differently, which required statistical adjustment.</i>		
Total monitored during FY 03-04		410	³ Deaths occurred prior to successfully completing the program.		
			⁴ Applicants are participants who either (1) have not been seen by a Diversion Evaluation Committee or (2) have not yet signed a Diversion Agreement.		
			⁵ Other Applicants are those individuals who contacted the program during the fiscal year but either declined (26) to enter the program or were ineligible (3), with one death.		

¹ Does not include applicant or out-of-state participant data.

² Prior-year adjustment (3) carried forward and added to FY 03-04 data. Data entry have caused a numerical inaccuracy, omitting participants who were either not

During FY 03-04, a total of 410 physicians were monitored by the Diversion Program. Of the 60 who left the program, one is deceased, 22 were unsuccessful, while 37

successfully completed the five years, with a minimum of three years of continuous sobriety and a change in lifestyle that would support ongoing recovery.

DIVISION OF MEDICAL QUALITY

The fiscal crisis affecting the state of California resulted in a significant loss of staff for the Medical Board. Specifically, in the last three years, 19 sworn investigator positions were eliminated, as well as support staff positions statewide. This reduction led to the closure of a specialized unit in Southern California, which was focused on investigating the unlicensed practice of medicine. In addition, an investigator position dedicated solely to Internet prescribing investigations and an investigator dedicated to post-accusation investigative follow-up were eliminated. District offices which had typically been staffed with six sworn investigators were reduced to a staff of five, and the Probation Program also experienced staffing reductions.

Many of these reductions occurred at a time when the Enforcement Program was in the midst of fully implementing provisions of SB 1950 (Figueroa), effective last year. This bill established investigative priorities, called for the appointment of an enforcement monitor, dictated additional requirements for

public disclosure of malpractice actions, and required specialized medical review of quality of care complaints, which added workload to the board's Central Complaint Unit (CCU).

In response to this increased workload and reduced investigative staff, a supervising investigator and deputy attorney general from the Health Quality Enforcement Section of the Office of the Attorney General were reassigned to assist in the review and triage of incoming complaints in the board's CCU.

With a continuing awareness of the board's mandate of consumer protection and being mindful of the priorities outlined in SB 1950, board staff have implemented steps to reduce the number of cases being sent to the district offices for investigation. Some complaints have been resolved in CCU via "cease and desist" letters and the issuance of citations, while other complaints, e.g., violations involving criminal convictions, are being forwarded directly to the Office of the Attorney General.

(Continued on page v)

Division of Medical Quality (Continued from page iv)

This careful scrutiny has resulted in fewer cases being referred to the field for investigation; however, the percentage of cases being referred for discipline has increased. This data suggests the board is maximizing investigative resources and focusing attention on those violations that have a direct impact on patient safety.

In addition, staffing losses at the Office of the Attorney General and budget constraints led to the board's review of how administrative actions are processed. Based upon this review, the board expanded its use of a letter of reprimand pursuant to Business and Professions Code section 2233. This option allows for resolution of cases immediately following the investigation where the evidence supports the imposition of a reprimand as an appropriate disciplinary outcome. Case disposition is more expeditious and less expensive to the board and respondent, while preserving prosecutorial resources for more egregious cases.

The number of complaints received this fiscal year shows a decrease. However, this is not due to a decrease in the number of complaints received by the board, but due to procedural changes in the way the data is collected and reported. As a result of changes suggested by the enforcement monitor during her review, the board is no longer counting "Notices of Intent" (reported pursuant to Code of Civil Procedure section 364.1), and reports made to the National Practitioner Data Bank by insurance companies in the total number of complaints received and closed. It was determined that these reports did not contain viable information to support the initiation of a complaint or, in some cases, were redundant to complaints already filed with the board.

SB1950 amended Business and Professions Code section 2313, and the board has added two new sections to the data which is reported annually. The first section provides more detailed

REPORTS PER B&P CODE SECTION 805 — FY 03-04

Total Reports Received 157

Peer Review Body Type

Health Care Facility/Clinic 98

Hospital 94

Mental Health Facility 1

Clinic 2

Surgical Center 1

Health Care Service Plan 48

Professional Medical Society 0

Peer Review Committee 8

Other State Agency 3

Outcomes of Reports Received

Disciplinary Actions 2

Surrender 1

Suspension 1

Accusations Filed 6

Pending Disposition 80

Cases Closed 69

information (including type of reporting facility and dispositions) on the Health Facility Reporting forms filed pursuant to Business and Professions Code section 805. The other section provides more detail (including the number of reports received by specialty) regarding medical malpractice settlements reported pursuant to Business and Professions Code section 801.

Although the state's fiscal crisis continues to affect the board's available resources, staff will seek ways to maximize efficiencies to offset limitations and ensure that public protection remains our highest priority.

MALPRACTICE REPORTS RECEIVED PER B&P CODE SECTION 801

	No. of Reports	No. of Physicians*		No. of Reports	No. of Physicians*
Anesthesiology	41	4,116	Obstetrics	71	4,395
Cardiology	24	2,072	Oncology	2	935
Colon and Rectal Surgery	1	130	Ophthalmology	22	2,396
Dermatology	11	1,482	Orthopedic Surgery	64	2,854
Emergency Medicine	34	2,718	Otolaryngology	20	1,319
Family Practice	2	6,638	Pathology	7	2,334
Gastroenterology	7	1,126	Pediatrics	26	8,073
General Practice	87	6,638	Plastic Surgery	29	874
General Surgery	79	3,796	Psychiatry	7	4,662
Gynecology	30	4,395	Radiology	41	4,510
Internal Medicine	78	18,842	Thoracic Surgery	10	660
Neonatal-Perinatal Medicine	1	480	Urology	20	1,170
Neurological Surgery	21	506	Vascular Surgery	5	189
Neurology	12	1,133			

* Certified in Specialty

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

PHYSICIANS & SURGEONS

	FY 02-03	FY 03-04
COMPLAINTS/INVESTIGATIONS¹		
Complaints Received	11,556	8,240 ²
Complaints Closed		
by Complaint Unit	8,859	6,837 ²
Investigations		
Cases Opened	2,138	1,887
Cases Closed	2,361	2,117
Cases referred		
to the Attorney General (AG)	494	580
Cases referred		
for criminal action	47	37
Number of probation violation		
reports referred to the AG	12	34
Consumer inquiries	51,315	
Jurisdictional inquiries	28,223	
Complaint forms sent	11,289	
Complaint forms returned		
by consumers	3,951	

Average and median time (calendar days) in processing complaints during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review:

	FY 02-03		FY 03-04	
	Avg.	Median	Avg.	Median
1. Complaint Unit Processing	53	27	76	49
2. Investigation	208	183	220	189
3. AG Processing to preparation of an Accusation	91	57	107	64
4. Other stages of the legal process (e.g., after charges filed)	471	410	513	476

Enforcement Field Operations Caseload

	Statewide	Per Investigator
Active Investigations	1,060	18
AG Assigned Cases ³	494	8
<i>Probation Unit Caseload</i>		
Monitoring Cases ⁴	547	46
Active Investigations	43	4
AG Assigned Cases ³	43	n/a ⁵

¹ Some cases closed were opened in a prior fiscal year.

² Please refer to the Division of Medical Quality summary for an explanation of the decrease in the number of complaints received and closed.

³ These cases are at various stages of AG processing and may require supplemental investigative work, such as subpoena service, interviewing new victims or witnesses, testifying at hearings, etc.

⁴ 140 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2004.

⁵ For Probation Unit caseload, the AG Assigned Cases are included as Monitoring Cases.

COMPLAINTS RECEIVED BY TYPE & SOURCE

	Fraud	Health & Safety ¹	Non-Jurisdictional ²	Competence/Negligence ³	Other Category	Personal Conduct ⁴	Unprofessional Conduct ⁵	Unlicensed/Unregistered	Total
Public	157	138	1,439	1,964	7	34	939	119	4,797
B&P Code ⁶	2	3	0	1,161	0	44	30	0	1,240
Licensee/									
Prof. Group ⁷	37	18	58	39	2	14	87	28	283
Govt. Agency ⁸	46	41	36	191	56	310	812	101	1,593
Anonymous/									
Misc.	48	26	40	51	0	26	77	59	327
Totals	290	226	1,573	3,406	65	428	1,945	307	8,240

¹ Health and Safety complaints include inappropriate prescribing, sale of dangerous drugs, etc.

² Non-jurisdictional complaints are not under the authority of the board and are referred to other agencies such as the Department of Health Services, Department of Managed Health Care, etc.

³ Competence/Negligence complaints are related to the quality of care provided by licensees.

⁴ Personal Conduct complaints include licensee self-use of drugs/alcohol, conviction of a crime, etc.

⁵ Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, failure to release medical records, etc.

⁶ Reference is to B&P Code sections 800-805 and 2240(a) and includes complaints initiated based upon reports submitted to the Medical Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.

⁷ "Professional Group" includes the following complaint sources: Other Licensee, Society/Trade Organization, and Industry.

⁸ "Governmental Agency" includes the following complaint sources: Internal, Law Enforcement Agency, Other California State Agency, Other State, Other Unit of Consumer Affairs, and Federal or Other Governmental Agency.

REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS

	FY 02-03	FY 03-04
MEDICAL MALPRACTICE		
Insurers: B&P Code §§801 & 801.1	872	787
Attorneys or Self-Reported or Employers		
B&P Code §§801(e), 802 & 803.2	281	228
Courts: B&P Code §803	16	3
Total Malpractice Reports	1,169	1,018
CORONERS' REPORTS		
B&P Code §802.5	24	18
CRIMINAL CHARGES & CONVICTIONS		
B&P Code §§802.1 & 803.5	24	33
HEALTH FACILITY DISCIPLINE		
Medical Cause or Reason		
B&P Code §805	162	157
OUTPATIENT SURGERY SETTINGS REPORTS		
Patient Death		
B&P Code §2240(a)	6	14

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

	FY 02-03	FY 03-04		FY 02-03	FY 03-04
ADMINISTRATIVE ACTIONS			PETITION ACTIVITY		
Accusation	258	262	Petition for Reinstatement of license filed	15	25
Petition to Revoke Probation	18	26	Petition for Reinstatement of license granted	13	9
Number of completed investigations referred to the Attorney General's Office awaiting the filing of an Accusation as of June 30	115	126	Petition for Reinstatement of license denied	5	7
Number of cases over 6 months old that resulted in the filing of an Accusation	n/a	208	Petition for Penalty Relief ³ granted	18	21
			Petition for Penalty Relief ³ denied	16	12
			Petition to Compel Exam filed	16	11
			Petition to Compel Exam granted	16	11
			Petition to Compel Exam denied	0	0
ADMINISTRATIVE OUTCOMES			LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING		
Revocation	40	37	Interim Suspension Orders ⁴	12	22
Surrender (in lieu of Accusation or with Accusation pending)	67	65	Temporary Restraining Orders	0	0
Suspension Only	4	2	Other Suspension Orders	28	35 ⁵
Probation with Suspension	27	31			
Probation	87	98			
Probationary License Issued	10	11			
Public Reprimand	58	51			
Other Actions (e.g., exam required, educational course, etc.)	30	41			
Accusation Withdrawn ¹	35	44			
Accusation Dismissed	10	20			
Dispositions of Probation Filings					
Probation Revoked or License Surrendered	9	9			
Additional Suspension or Probation	5	11			
Other Decisions	0	1			
Public Reprimand	0	1			
Petition Withdrawn/Dismissed	2	7			
REFERRAL AND COMPLIANCE ACTIONS					
Citation and Administrative Fines Issued	532	423			
Physicians Referred to Diversion Program ²	28	38			

License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 03-04

	Orders Sought	Orders Granted
Criminal Charges/Conviction of a Crime	2	3
Drug Prescribing Violations	2	4
Fraud	9	9
Gross Negligence/Incompetence	5	7
Mental/Physical Illness	8	11
Self-Abuse of Drugs or Alcohol	6	12
Sexual Misconduct	12	11
Total	44	57

NOTE: Some orders granted were sought in prior fiscal year.

Administrative Outcomes by Case Type in FY 03-04⁶

	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	5	10	0	13	45	0	24	30	127
Inappropriate Prescribing	3	9	0	3	5	0	5	4	29
Unlicensed Activity	1	0	0	1	1	0	3	2	8
Sexual Misconduct	3	8	0	4	4	0	1	0	20
Mental Illness	9	11	2	0	3	1	0	0	26
Self-Use of Drugs/Alcohol	7	10	0	1	8	3	0	0	29
Fraud	2	5	0	7	3	0	1	1	19
Conviction of a Crime	5	8	0	1	5	0	2	0	21
Unprofessional Conduct	2	2	0	1	15	7	15	4	46
Miscellaneous Violations	0	2	0	0	9	0	0	0	11
Totals by Discipline Type	37	65	2	31	98	11	51	41	336⁶

¹ Accusations withdrawn for the following reasons: physician passed a competency exam; physician was issued a citation/fine instead; physician died; etc.

² Diversion Program referrals are made pursuant to B&P Code section 2350(b).

³ Penalty Relief includes Petitions for Modification and/or Termination of Probation.

⁴ Per B&P Code section 2220.05(c), ISOs were granted in the following priority categories: 2 - gross negligence/incompetence resulting in serious bodily injury or death, 1 - excessive prescribing, 6 - sexual misconduct with a patient, and 1 - practicing under the influence of drugs/alcohol.

⁵ Includes 3 Automatic Suspension Orders per B&P Code section 2236.1, 15 license restrictions per Penal Code section 23, and 17 out-of-state suspension orders per B&P Code section 2310.

⁶ Pursuant to B&P Code section 2220.05(c), disciplinary actions were taken in the following priority categories: 35 - gross negligence/incompetence resulting in serious bodily injury or death, 0 - practicing under the influence resulting in serious bodily injury or death, 26 - excessive prescribing, 14 - sexual misconduct with a patient, and 4 - practicing under the influence of drugs/alcohol.

ENFORCEMENT ACTION SUMMARY FOR AFFILIATED HEALING ARTS PROFESSIONALS

	FY 02-03	FY 03-04		FY 02-03	FY 03-04
COMPLAINTS/INVESTIGATIONS¹			PETITION ACTIVITY		
Complaints Received	1,138	428	Petition for Reinstatement of license granted	0	0
Complaints Closed by Complaint Unit	819	370	Petition for Reinstatement of license denied	2	0
Investigations:			Petition for Penalty Relief ³ granted	0	1
Cases Opened	226	86	Petition for Penalty Relief ³ denied	1	1
Cases Closed	314	86	Petition to Compel Exam granted	4	0
Cases referred to the AG	89	41	Petition to Compel Exam denied	0	0
Cases referred for criminal action	4	2			
Number of Probation Violation					
Reports referred to AG	4	3			
LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED			REPORTS RECEIVED		
WHILE ADMINISTRATIVE ACTION IS PENDING			BASED UPON LEGAL REQUIREMENTS		
Interim Suspension Orders	4	0			
Other Suspension Orders ²	0	3			
ADMINISTRATIVE ACTIONS			MEDICAL MALPRACTICE		
Accusation	30	21	Insurers		
Petition to Revoke Probation	2	4	B&P Code §§801 & 801.1	13	21
Statement of Issues to deny application	3	3	Attorneys or Self-Reported or Employers		
Number of completed investigations referred to AG awaiting the filing of an Accusation as of June 30	14	7	B&P Code §§801(e), 802 & 803.2	5	2
ADMINISTRATIVE OUTCOMES			Courts		
Revocation/Surrender	14	15	B&P Code §803	1	0
Probation with Suspension/Probation	21	22	Total Malpractice Reports	19	23
Other Actions			CORONERS' REPORTS		
(e.g., exam required, education course)	2	0	B&P Code §802.5	0	1
Statement of Issues Granted (License Denied)	1	0	CRIMINAL CHARGES & CONVICTIONS		
Statement of Issues Denied (License Granted)	4	1	B&P Code §803.5	0	1
Accusation/Statement of Issues Withdrawn	2	3	HEALTH FACILITY DISCIPLINE		
Accusation Dismissed	0	0	Medical Cause or Reason		
REFERRAL AND COMPLIANCE ACTIONS			B&P Code §805	11	2
Citation and Administrative Fines Issued	14	14			
Office Conferences Conducted	2	6			

¹ Affiliated healing arts professionals include podiatrists, physician assistants, research psychoanalysts, dispensing opticians and licensed midwives. Effective Aug. 1, 2003, MBC discontinued processing complaints received by the Board of Psychology.

² Includes Automatic Suspension Orders per B&P Code section 2236.1 and license restrictions per Penal Code section 23.

³ Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

The Annual Report also is available in the "Publications" section of the Medical Board's Web site: www.caldocinfo.ca.gov. For additional copies of this report, please fax your company name, address, telephone number and contact person name to the Medical Board's Executive Office at (916) 263-2387, or mail your request to 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

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